

Jefferson County Humane Society

Better Options for Neglected Strays

ADOPTION AGREEMENT QUESTIONNAIRE

Date_____

Animal Name _____

Applicant Name_____

Physical Address_____

Phone_____Cell Phone_____e-mail_____

Do you live in a circle one househouse, Apartment, Other?

For how long this address_____

If you rent do you have your landlord's permission to have this pet?

Yes_____No_____

Your landlord's name and phone number_____

Address_____

If not already done, would you have this pet spayed or neutered before it is 6 months old?

Yes_____No_____

Do you have children? Yes_____ No_____ How many?_____

Ages_____

Where will this pet live? Inside ____ Outside____ Where will it sleep?_____

If outside, what kind of shelter will it have_____

Do you have a yard? Yes_____No_____

If yes, is it fenced? Yes_____No_____

What type of fencing?_____How high?_____

Will this pet be tethered, tied or chained? Yes_____No_____

What would you do if a behavior problem developed_____

How would you discipline this animal?_____

Are you getting this pet as a companion, pet, working dog, guard dog, other?_____

How many hours a day will this pet be alone ?_____

Species	How old/Animals name	How long?	Current status

Name /address/phone of your vet (if you don't have a current vet you must have one in place before adopting the animal)_____

Would you be willing to have your vet information released to us? Yes_____ No_____

Are you willing to care for this pet for the rest of it's natural life? Yes_____ No_____

What would you do with this pet if it should become blind, deaf, had to have an amputation, become incontinent or other disability?_____

If your animal became ill, how much would you be willing to spend for vet care? _____

Can you afford to provide medical care (vaccines, etc), food and necessities? Yes___No___

Most counties require that a dog be confined to it's owner's yard or under direct control at all times. Would you comply? Yes_____ No_____

Would you agree to keep an identification tag on this pet at all times to insure it's safe return if it should become lost? Yes_____ No_____

What would you do if you had a baby and the animal had a difficult adjustment to it? _____

What would you do with this animal if you had to move?

Are any household members allergic to the type of pet you are applying for? Yes___No___

What would you do with the pet if someone in your family became allergic? _____

Who will be responsible for this pet on a daily basis? _____

Who will be the responsible party while you are away ?

Name/Phone _____

Have all household adults agreed to adopting this pet?

Yes_____No_____

Please list family members _____

If applying for a puppy or kitten are you willing to put up with barking – crying, potty training, chewing, obedience lessons, etc. that come with raising a baby? Yes_____No_____

For dogs and puppies: Do you know what heartworm infection is?
Yes_____No_____

Would you be willing to keep this dog/puppy on heartworm prevention?
Yes___No_____

Could we see this pet by appointment? Yes_____ No_____

List three references **not currently living with you and please do not list**

relatives whom we may contact: Name, address, phone number.

Our, (Jefferson County Humane Society), promise to you is that for **any reason** you cannot keep/care for this animal in the future ever, we will take this animal back and provide for it and returned to the Society at the adopter's expense.

Once an application has been accepted and approved and an animal chosen and the donation made I understand no refund will be given unless the animal becomes ill or dies before it is given to me. All animals have a thorough check up, shots will be current and the animals spayed/neutered before going to their forever home to certify they are healthy at the time of adoption. Even if you find another animal before you take possession of this animal, change your mind or decide you just don't want the animal, NO REFUND WILL BE GIVEN FOR WHATEVER REASON.

I certify that the above is true, and that any false information may result in nullifying this adoption. I agree to keep a pet identification tag on this pet at all times to assure safe return if lost. If for ANY REASON I am unable to provide for this pet, I will return him/her to the Jefferson County Humane Society I understand that approval of this application is strictly at the discretion of the Jefferson County Humane Society.

Signed_____Date_____

Jefferson County Humane Society

P.O. Box 2233

Pine Bluff, Arkansas

Phone 870-247-2677

Fax 870-247-2409

Fax between the hours of 8am and 8pm CST